

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042089

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82Primary Registration District No. 3017Registrar's No. 144

FILED DEC 6 1962

1. PLACE OF DEATH

a. COUNTY

Cooperb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boonville

Length of stay in 1b

1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri Howard

c. CITY

OR TOWN

Glasgow

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Commerce St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARGARET ANN KORTE

4. DATE

OF DEATH

Month

Day

Year

Nov. 13, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐Widowed ☐Never Married ☒Divorced ☐

8. DATE OF BIRTH

Oct. 29, 1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state of country)

Salisbury Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Bernard A. Korte

13b. MOTHER'S MAIDEN NAME

Gertrude Schneider

14. NAME OF HUSBAND OR WIFE

Mrs. Tony Schwender

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

not available

17. INFORMANT

Mrs. Tony Schwender

Address

Glasgow Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma of Breast

INTERVAL BETWEEN ONSET AND DEATH

10 1/2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic pneumonia, right

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-12-62 to 11-13-62 and last saw her alive on 11-13-62
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. M. Stuart, M.D.

22b. ADDRESS

329 Main, Boonville Mo

22c. DATE SIGNED

11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Washington

23d. LOCATION (City, town, or county)

Glasgow Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Funeral Home, Glasgow Mo.

25. DATE RECD. BY LOCAL REG.

11/19/62

26. REGISTRAR'S SIGNATURE

W. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

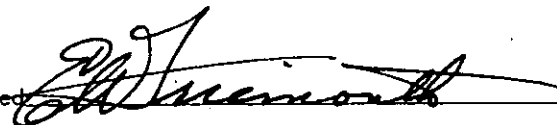
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

3978

P. O. Address

Chapman Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.